2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 08:00 AM DOCUMENT # J38455 **Secretary of State** 1. Entity Name MCNEILL CONTRACTING, INC. Principal Place of Business Mailing Address 1700 NW AVE D 1700 NW AVE D BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2746720 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCNEILL, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 1700 NW AVE D BELLE GLADE FL 33430 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SD ☐ Addition ☐ Delete Juice ☐ Change HILE MCNEILL, BARBARA NAME NAME STREET ADDRESS 1700 NW AVE D SIREL ADDRESS CITY-ST-ZIF BELLE GLADE FL 33430 CITY-ST-ZIP HUE ☐ Change Addition TITLE ☐ Delete 11000000196141 NAME NAME ŭ1/26/05-80ĎŚ7-017 (50.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-SI-ZIP ☐ Delete TITLE ☐ Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHT-SI-ZP CITY-ST-7/P ☐ Delete Tiles Change ☐ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CHTY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-ZP ☐ Delete HILE ☐ Change ☐ Addition THIE NAME NAME CORFFI ADDRESS STREET ADDRESS CITY-ST-ZP City-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-24 2005 1-661-991-6286 Date Daysing Phone V

FILED